

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Part 1-B Proviso applicable to the Department of Health and Human Services as included in the State appropriation act each year.
EFFECTIVE DATE	July 1, 1999.
ADMINISTRATION	Department of Health and Human Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients and other low income individuals who meet the State's net income limitation and live in licensed community/residential care facilities. Blind and disabled children are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County offices of Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Licensed residential care facility ^{2 3}	\$811.00	---	\$311.00	---

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Represents maximum amount paid; lesser amounts may be paid based on need. Includes a \$33 personal needs allowance.

³ Couples, if any, residing in these facilities are treated as two individuals.